

Anger at International AIDS Conference over Bush administration's policies

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More than 17,000 delegates, including scientists, health officials, policy makers and activists, gathered from July 11 to 17 at the 15th International AIDS Conference in Bangkok. What dominated the agenda was not so much the latest scientific research but the failure of the major powers, especially the US, to provide the resources needed to deal with the rapidly spreading AIDS epidemic.

Protests involving hundreds of activists took place outside the conference centre against the lack of adequate funding for AIDS programs and attempts to limit the availability of cheap generic drugs to the millions of AIDS sufferers who desperately need them. Banners included "Patient rights, not patent rights" and "Bush lies, people die".

Several dozen protesters broke into the conference and held a mock trial of the leaders of the G-8 industrialised countries. "The countries... collectively share responsibility for the needless deaths of countless thousands because of their inaction," an organiser declared.

The Bush administration's policies and the head of the US delegation, Randall Tobias, the former head of the pharmaceutical giant Eli Lilly, were a particular target. When Tobias addressed the conference he confronted a barrage of placards, jeers and chants condemning the US AIDS program (Pepfar) and Washington's efforts to protect US pharmaceutical companies.

The White House's contempt for the conference was underscored by the size of the US delegation—just 50, down from the already small contingent of 236 at the previous conference two years ago in Barcelona. Joep Lange, president of the Sweden-based International AIDS Society, criticised as "shameful" the restricted number of US delegates, which had resulted in the withdrawal of a number of papers and the cancellation of workshops.

Editor of the *Journal of the American Medical Association* Catherine DeAngelis pointed to at least one case in which a US scientist, Marc Bulterys, had not been allowed to attend, even though American Medical Association agreed to pay for the trip.

"It stymies the ability of scientists to discuss and learn from each other," she said. "It is wrong, it is an incredible example of political pettiness. It is anti-intellectual and it is interfering with scientists and the scientific process and means American government-employed scientists are not allowed to share their knowledge."

The restrictions on the US delegation appear to have been aimed

at least in part at eliminating any US critics of the Bush administration. While Washington has pledged \$15 billion over five years to combat AIDS, its highly publicised Pepfar program is pitched as much at Bush's political constituencies at home—in particular the major US drug companies and the Christian fundamentalist lobby.

The White House's so-called "ABC" approach—A for abstinence, B for be faithful and C for condoms "where appropriate"—effectively makes the morality of right-wing Christian fundamentalists the basis for government policy. A third of the US funds will go to programs in 15 selected countries, of which 12 are in Africa and 2 in the Caribbean, that stress sexual abstinence and will be administered mainly by church-related or "faith" groups.

The emphasis on "abstinence" is also the pretext for not funding other prevention programs. The UN Population Fund, which finances HIV, sexual and reproductive health programs, and the International Planned Parenthood Federation have both had their funding slashed by the Bush administration because they support health clinics that provide abortion services.

Peter Piot, executive director of UNAIDS, pointed out that sexual abstinence is often not an option. He cited the situation in southern Africa where many women have no power to say no to their unfaithful husbands. In that region, women now make up 57 percent of HIV cases and the rate of infection is higher among married women than unmarried women.

In the US, critics of the Bush administration's program face the threat of funding cuts. James Wagoner, president of Advocates for Youth, told the *New York Times*: "For 20 years, it [the AIDS program] was about health and science and now we have a political, ideological approach. Never have we experienced a climate of intimidation and censorship as we have today."

According to the World Health Organisation, an estimated 6 million AIDS sufferers in poor countries urgently need antiretroviral drug treatment, but only 440,000 or just 5 percent are receiving it. The cost of providing such drugs has plunged dramatically because of the development of cheap generic drugs—from \$US10,000 to \$12,000 per person per year, to as little as \$150.

But a number of obstacles have been placed in the way of making these cheap drugs widely available, in order to protect the profits of major pharmaceutical companies. For instance, Washington does not allow its aid money to be used to buy anti-

viral drugs unless the US Food and Drug Administration has approved them. Most generic drugs, which are manufactured in countries such as India and Brazil, have yet to meet these costly and stringent requirements.

World Trade Organisation rules developed last year allow countries to ignore foreign patents and produce copies of expensive drugs in times of health crisis. But the US is attempting to subvert this limited provision through bilateral trade agreements with built-in patent restrictions. Brazil, one of the biggest producers of generic drugs, has refused to sign a free trade agreement with the US because of this very issue.

Recent US trade deals signed with Singapore and Chile contained stringent intellectual property provisions aimed at protecting US patents. Thai Prime Minister Thaksin Shinawatra promised that drug patents will not be part of the US-Thailand trade deal currently being discussed but critics warned that he faced strong pressure from Washington.

In a statement to the conference, French President Jacques Chirac attempted to posture as a defender of AIDS sufferers in Third World countries. He called for the implementation of the WTO generic drug agreement and declared that forcing countries to drop such measures “in the framework of bilateral trade negotiations would be tantamount to blackmail.” However, the French minister reading the statement was interrupted with shouts of “Shame! Shame!” over the failure of France to provide more AIDS funding.

The conference was held in Bangkok to highlight the rapidly spreading AIDS epidemic in Asia. An estimated 7.4 million people in Asia are HIV positive. Of those 1.3 million need antiretroviral drugs and less than 100,000 are receiving them.

In China, UNAIDS estimates there are between 840,000 and 1.5 million people living with HIV/AIDS, with fewer than 200 doctors trained to treat them. The spread of the disease followed the flood of foreign capital into the country in the 1990s and the rise of unemployment and poverty. This social dislocation led to prostitution, illicit drug abuse and the migration of large numbers of people into urban centres—all of which contributed to the growing number of AIDS cases.

Until recently Beijing insisted that China was not at risk from AIDS. This denial has severely hampered HIV/AIDS education and prevention. A survey conducted by the health department found that only 3.8 percent of the population understand how HIV is transmitted. This ignorance had particularly tragic consequences in the rural province of Henan where many thousands of people were infected after selling their blood at legal and illegal blood stations, which lacked HIV screening procedures. They were simply not told of the potential dangers.

The situation is similar in India, where an estimated 5.1 million people are infected with HIV, more than any country except South Africa. The country has only 500 doctors specifically trained to meet this looming catastrophe. Infections among women are rising, in part due to their inability to insist on the use of condoms. Many women are deterred by the threat of violence or abuse from undergoing an HIV test or receiving treatment.

In Thailand, an estimated 570,000 people or 1.5 percent of the adult population have HIV/AIDS. It was only after HIV infection

began to soar in the early 1990s and pressure was applied by non-government organisations, that the government acted. There was a massive drop in new infections after a national campaign in 1998 to increase the use of condoms. However there are fears of an HIV resurgence following recent cutbacks in government funding and a growing complacency in the general population.

The number of children infected with HIV in Asia and the Pacific is growing daily. At the end of 2001 an estimated 21,000 children were living with HIV in Thailand. According to UNICEF, 30,000 babies are born HIV-positive each year in India alone.

The response of all the major powers to the catastrophic impact of HIV/AIDS in Africa, Asia and Latin America has been extremely limited. The UN sponsored Global Fund for HIV/AIDS, Tuberculosis, and Malaria, set up 30 months ago, faces a severe funding shortfall. Pledges for 2005 to 2008 amount to just \$US2 billion, far below the conservative \$3.6 billion needed to fund projects in so-called developing countries in 2005 alone.

The fund relies on Europe and the US to provide two-thirds of its resources. At the Bangkok conference, Tobias, the head of the US delegation, rejected an appeal by UN Secretary-General Kofi Annan to increase its contribution from \$580 million to \$1 billion for 2005. The EU is not substantially increasing its payments. The remaining one-third comes from the rest of the world, including Japan, Singapore, South Korea, Australia and New Zealand. According to an Oxfam press release, the richer Asian Pacific nations have so far only contributed 13 percent of the fund. Australia, for instance, has contributed a miserable \$17.3 million for 2004-2006.

A huge increase in funding is required to intensify the research efforts into the HIV/AIDS pandemic and to develop medical and social programs aimed at preventing and treating the deadly disease. The inadequacy of the present efforts and the response of the major powers to the appeals at the Bangkok conference underscore their criminal indifference to the plight of millions of people around the world.



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